

# ACH AUTHORIZATION FORM

I \_\_\_\_\_ (print name) hereby authorize Broughton Music & Art Center (the parent organization for MI STAT Events) to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Broughton Music & Art Center is notified by me (us) in writing to cancel it in such time as to afford Broughton Music & Art Center in a reasonable opportunity to act on it.

Financial Institution Routing Number: \_\_\_\_\_

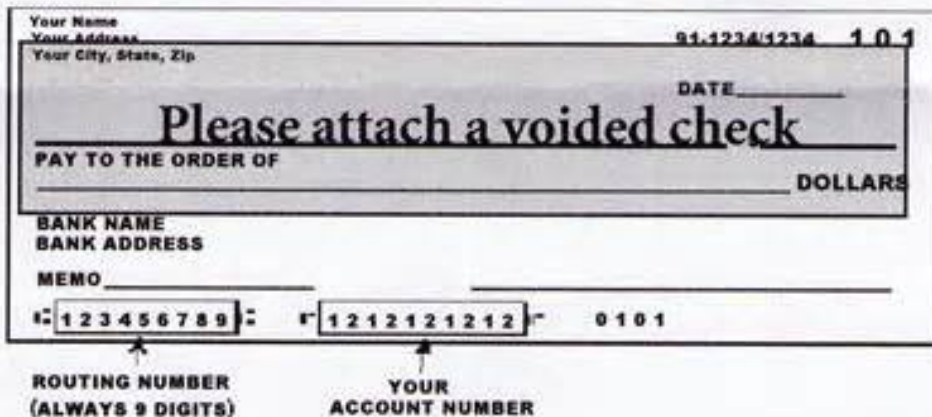
Checking/Savings Account Number: \_\_\_\_\_

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



Call (269) 375-2808 for faxing instructions.